2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F18250

1. Entity Name

MEHLICH & ROEGIERS, GOLDIN & CO., P.A.



FILED
Jan 26, 2005 08:00 AM
Secretary of State

Principal Place of Business

701 COLORADO AVENUE STUART, FL 34994-3017 Mailing Address

701 COLORADO AVENUE STUART, FL 34994-3017



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2056808

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

GOLDIN, GENE B 701 COLORADO AVE. STUART, FL 33494

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title II applicable. (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEHLICH, GERALD E 701 COLORADO AVE. STUART, FL 34994				U00000195911 01/26/05-80046-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROEGIERS, STEPHEN E 701 COLORADO AVE. STUART, FL 34994				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDIN, GENE B 701 COLORADO AVE. STUART, FL			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SPRAKER, MIKEL C 701 COLORADO AVE. STUART, FL			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05 173-383